

2000 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

Full Year Resident / Short Form

DEPT USE ONLY

S

Jan 1 - Dec 31, 2000 or Fiscal Year Ending

, 20

USE LABEL, PRINT OR TYPE	FIRST NAME AND INITIAL <i>(List both if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER	
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER	
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE: WORK TELEPHONE:	
FILING STATUS Check only one box	1. <input type="checkbox"/> SINGLE: <i>(Or widowed before 2000 or divorced at end of 2000)</i>		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN:	
	2. <input type="checkbox"/> MARRIED FILING JOINT: <i>(Even if only one had income)</i>		5. IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM	
PERSONAL CREDITS	3. <input type="checkbox"/> HEAD OF HOUSEHOLD: <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter this child's name here: _____		6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. Year spouse died: <i>(See Instructions)</i> _____	
	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF <input type="checkbox"/> HEAD OF HOUSEHOLD/ QUALIFYING WIDOW(ER)			
INCOME	7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> Multiply number of boxes checked from Line 7A		X \$20 =	
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 16)</i>		7C	
DEDUCTIONS	12. Select Tax Table: <input type="checkbox"/> LOW INCOME Table 1 <input type="checkbox"/> REGULAR Table 2			
	Standard Deduction: <i>(See Instructions)</i>			
	NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12A.			
	13. Taxable Income. <i>(Subtract Line 12 from Line 11)</i>		13	
	14. Enter tax from table:		14	
TAX CREDITS	15. TOTAL TAX: <i>(Add Lines 14A and 14B)</i>		15	
	16. Personal Tax credits. <i>(Enter total from Line 7C)</i>		16	
PAYMENTS	17. Working Taxpayer credit: <i>(See Instructions. Attach AR1328)</i>		17	
	18. Child Care credit: <i>(Attach Federal schedule, 20% of Federal credit allowed)</i>		18	
	19. TOTAL CREDITS: <i>(Add Lines 16 through 18)</i>		19	
REFUND OR TAX DUE	20. NET TAX: <i>(Subtract Line 19 from Line 15. If Line 19 is greater than Line 15, enter 0)</i>		20	
	21. Arkansas Income Tax withheld: <i>(Attach State copies of W-2s)</i>		21	
	22. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A, Sch. 2 & Cert. Form AR1000EC, 20% of Fed. credit allowed)</i>		22	
PLEASE SIGN HERE	23. TOTAL PAYMENTS: <i>(Add Lines 21 and 22)</i>		23	
	24. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 23 is greater than Line 20, enter difference)</i>		24	
	25. Amount to be contributed to AR Disaster Relief Fund:		25	
PAID PREPARER	26. Amount to be contributed to the U. S. Olympic Fund:		26	
	27. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Lines 25 and 26 from Line 24)</i>		REFUND 27	
	28. Amount Due: <i>(If Line 23 is less than Line 20, enter the difference; If over \$1,000.00, See Instructions)</i>		TAX DUE 28	
PLEASE SIGN HERE: Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature		Occupation	Date	May the Arkansas Revenue Agency discuss this return with the preparer shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Signature		Occupation	Date	
Paid Preparer's Signature		ID Number/Social Security Number		FOR DEPARTMENT USE ONLY
Preparer's Name		City/State/Zip		
Address		Telephone Number		

Mailing Information

Mail **REFUND** returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.
 Mail **TAX DUE** returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.
 Mail **NO TAX DUE** returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.

Part 1 INTEREST INCOME			Part 2 DIVIDEND INCOME		
<p>Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.</p> <p>List the names of the interest source below and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).</p>			<p>Dividends and other distributions on stock, are fully taxable. There is no dividend exclusion applicable to Arkansas.</p> <p>List the names of the dividend source below and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).</p>		
Y S J	NAME OF PAYER	AMOUNT	Y S J	NAME OF PAYER	AMOUNT
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
		00			00
Total Interest Income: Enter here and on Line 9.		00	Total Dividend Income: Enter here and on Line 9.		00

CHECKLIST FOR AR1000S FILERS

This checklist is to help you make sure that your form is filled out correctly. Errors may delay your refund.

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1. Is your name and address correct on the preprinted label? If not, did you enter the name, address and social security number for you and your spouse in the space provided?
- ☐

2. Is your social security number correct?
- ☐

3. Did you use the correct filing status column and taxable income to find your tax in the tax table?
- ☐

4. Did you attach your W-2 form(s)?
- ☐

5. Did you add and subtract correctly especially when figuring your refund or amount you owe?
- ☐

6. Did you sign and date your return?
- ☐

7. Did you keep a copy of your return for your records?